

9944

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1857

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <i>Pima</i>		B. LENGTH OF STAY IN THIS TOWN <i>7 yrs.</i> IN ARIZONA <i>7 yrs.</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Pima</i>	
C. CITY OR TOWN <i>Tucson</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Tucson</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>3954 C. Whittier</i>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <i>3954 C. Whittier</i>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>James</i> B. (MIDDLE) <i>C.</i> C. (LAST) <i>Brault</i>		4. SEX <i>Male</i>		5. COLOR OR RACE <i>White</i>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Married</i>	
6B. NAME OF SPOUSE <i>Grace R.</i>		7. DATE OF BIRTH MONTH <i>3</i> DAY <i>29</i> YEAR <i>86</i>		8. AGE (IN YEARS LAST BIRTHDAY) <i>78 yrs.</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>Bakery Business</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>Bakery</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>New York</i>		11. CITIZEN OF WHAT COUNTRY? <i>USA</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) -----	
13. SOCIAL SECURITY NO. -----		14A. FATHER'S NAME <i>Louis Brault</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>New York</i>		15A. MOTHER'S MAIDEN NAME <i>Mary Elizabeth James</i>	
15B. BIRTHPLACE (STATE OR COUNTRY) <i>New York</i>		16. INFORMANT'S SIGNATURE <i>Mrs. James C. Brault, Tucson Bu: 4400</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>October 4, 1964</i>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION (A) <i>Acute massive myocardial infarction</i> DUE TO (B) <i>Coronary Occlusion</i> DUE TO (C) <i>Coronary arteriosclerosis</i> <i>Preexisting Multiple small Cerebral Arteries & thromboses</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>FEB. 3</i> 19 <i>64</i> TO <i>Oct. 4</i> 19 <i>64</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Aug. 31</i> 19 <i>64</i> , AND THAT DEATH OCCURRED AT <i>9:35 A.</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE (DEGREE OR TITLE) <i>Harold W. Kelly Jr. MD</i>		22B. ADDRESS <i>1002 N. Country Club Rd. Tucson, Ariz</i>		22C. DATE SIGNED <i>10-5-64</i>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <i>10-7-64</i>		25C. NAME OF CEMETERY OR CREMATORY <i>Grandwood Mem. Park</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Tucson, Arizona</i>	
26A. DATE REC. BY LOCAL REG. <i>10-5-64</i>		26B. REGISTRAR'S SIGNATURE <i>James C. Brault</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>James E. Young</i>		27B. ADDRESS <i>Arizona Mortuary</i>	
28A. EMBALMER'S SIGNATURE <i>Robert H. Long</i>		28B. EMBALMER'S CERT. NO. <i>400</i>					